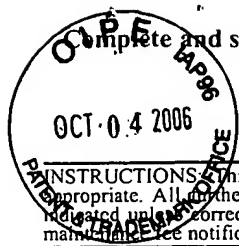


PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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000031894 7590 07/10/2006

OKAMOTO & BENEDICTO, LLP
 P.O. BOX 641330
 SAN JOSE, CA 95164

10/05/2006 CCHAU2 00000045 10017860

01 FC:1501 1400.00 OP
 02 FC:1504 300.00 OP

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James K. Okamoto	(Depositor's name)
	(Signature)
September 29, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/017,860

12/14/2001

David Adler

i989

1659

TITLE OF INVENTION: METHOD AND APPARATUS FOR INSPECTING A SUBSTRATE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1400

\$300

\$0

\$1700

10/10/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
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AHMED, SAMIR ANWAR

2624

382-149000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

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1 Okamoto & Benedicto LLP

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

KLA-TENCOR TECHNOLOGIES CORPORATION

MILPITAS, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date September 29, 2006

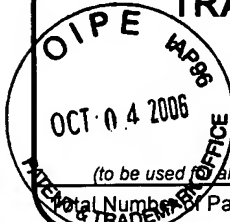
Typed or printed name

James K. Okamoto

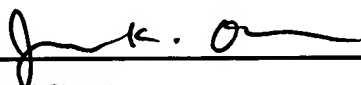
Registration No. 40,110

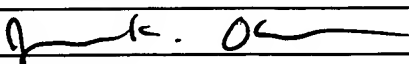
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 <p>TRANSMITTAL FORM</p> <p>(to be used for all correspondence after initial filing)</p>	Application Number	10/017,860
	Filing Date	December 14, 2001
	First Named Inventor	David L. Adler
	Art Unit	2624
	Examiner Name	Ahmed, Samir Anwar
	Attorney Docket Number	P989 (11.000800)
Total Number of Pages in This Submission		2

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Part B - Fee(s) Transmittal (in duplicate); Return Receipt Postcard
<div style="border: 1px solid black; padding: 2px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	OKAMOTO & BENEDICTO LLP		
Signature			
Printed Name	James K. Okamoto		
Date	September 29, 2006	Reg. No.	40,110

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Signature			
Typed or printed name	James K. Okamoto	Date	September 29, 2006

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